

STATE OF DELAWARE

STATE COUNCIL FOR PERSONS WITH DISABILITIES

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The Honorable John Carney Governor John McNeal SCPD Director

MEMORANDUM

DATE:

October 30, 2017

TO:

Ms. Nicole Cunningham, DMMA

Planning & Policy Development Unit

FROM:

Ms. Jamie Wolfe Charperson

State Council for Persons with Disabilities

RE:

21 DE Reg. 269 [DMMA Proposed Lifespan Waiver Regulation (10/1/17)]

The State Council for Persons with Disabilities (SCPD) has reviewed the Department of Health and Social Services/Division of Medicaid and Medical Assistance (DMMA) proposal to amend the Delaware Social Services Manual (DSSM) to clarify internal policy and procedures related to the DDDS Lifespan Waiver.

As background, CMS approved a major restructuring of the DDDS HCBS Medicaid Waiver which became effective on July 1, 2017. The current initiative is essentially a "housekeeping" measure to conform policies and procedures to the amended waiver.

The SCPD has the following observations.

In general the current regulation is consistent with the amended waiver which is available at http://dhss.delaware.gov/dhss/ddds/files/lifespanamendment052517.pdf. However, we did identify a few provisions which may merit DMMA review.

First, §20720.1 describes financial deductions from countable income. Countable income cannot exceed 250% of the Federal Benefit Rate (FBR). See Waiver, pp. 8-9 and 47-48. Deductions for a "maintenance needs allowance" are different for residential versus non-residential DDDS Waiver participants. See Waiver, p. 49. The daily living needs deductions in the Waiver are generally reflected in the proposed revisions to §20720.1. However, the following sentence has been omitted: "All earned income in the form of wages shall be allowed to be protected." See attached p. 49 from Waiver. DMMA may wish to include the sentence in §20720.1.

Second, §20720.1 authorizes the following deduction for residential Waiver participants:

Individuals receiving Medicaid under the Division of Developmentally Disabled <u>Developmental</u> <u>Disabilities</u> (DDDS) <u>Lifespan</u> Waiver who receive <u>Residential Habilitation services</u> are allowed a

deduction equal to the current Adult Foster Care (AFC) rate. The AFC rate is based on the current SSI income level plus \$140.00.

In contrast, the Waiver document refers to the "State Supplement amount" rather than "\$140.00":

For those waiver participants that meet the criteria to receive residential habilitation services, the state will provide a maintenance needs allowance set at the Adult Foster Care Rate, which is the SSI standard plus the Optional State Supplement amount.

DMMA may wish to substitute "the Optional State Supplement amount" for "\$140.00". Otherwise, if the State Supplement amount changes, the regulation would have to be immediately republished and corrected.

Third, §20720.1 describes the daily living needs deduction for non-residential participants as follows:

Individuals receiving Medicaid under the <u>DDDS Lifespan Waiver who reside in the family home</u> or in the Long Term Care Community Services (<u>LTCCS</u>) program are allowed an amount equal to their total income including income that is placed in a Miller Trust.

In contrast, the Waiver document describes the deduction as follows:

For waiver enrollees who do not receive a residential habilitation service, the state will provide a maintenance needs allowance that is equal to the individual's total income as determined under the post eligibility process, which includes income that is placed in a Miller Trust.

The proposed revisions to §20720.1 are problematic since there may be Waiver participants living independently or in settings apart from "the family home or in the Long Term Care Community Services (LTCCS) program". The language used in the Waiver document itself ("enrollees who do not receive a residential habilitation service") is preferable since it is accurate and obviates the exclusion of participants who do not live in the undefined "family home" or the LTCCS program.

The SCPD generally endorses the proposed regulation subject to DMMA considering a few amendments consistent with the above observations.

Thank you for your consideration and please contact SCPD if you have any questions regarding our position and observations on the final regulation.

cc: Mr. Steve Groff, DMMA
Mr. Brian Hartman, Esq.
Governor's Advisory Council for Exceptional Citizens
Developmental Disabilities Council
21reg269 dmma lifespan waiver 10-18-17

(Complete Item B-5-b (SSI State). Do not complete Item B-5-d)

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

b. Regular Post-Eligibility Treatment of Income: SSI State.

The State uses the post-eligibility rules at 42 CFR 435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse as specified in §1924 of the Act. Payment for home and community-based waiver services is reduced by the amount remaining after deducting the following allowances and expenses from the waiver participant's income:

The following standard inc	luded under the State plan
Select one:	
O SSI standard	
Optional State supplet Medically needy incon	nent standard
	rel for institutionalized persons
(select one):	
300% of the SSI I	Federal Benefit Rate (FBR)
	he FBR, which is less than 300%
Specify the percent	tage:
**NAME COM	which is less than 300%.
Specify dollar amo	unt:
A percentage of the Fe	
Specify percentage:	
Other standard include	ed under the State Plan
Specify:	
allowance that is equal to includes income that is p residential habilitation so	t do not receive a residential habilitation service, the state will provide a maintenance nee to the individual's total income as determined under the post eligibility process, which placed in a Miller Trust. For those waiver participants that meet the criteria to receive crvices, the state will provide a maintenance needs allowance set at the Adult Foster Care andard plus the Optional State Supplement amount.
All earned income in the	form of wages shall be allowed to be protected.
O The following dollar amoun	t
Specify dollar amount:	If this amount changes, this item will be revised.
_	ed to determine the needs allowance:
Specify:	